

MOHAMED RIAD HAJMURAD, M.D. on 09/16/2020

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA

JERRY MCKINNEY, SR.

Plaintiff

VERSUS

RAPIDES PARISH SHERIFF'S OFFICE AND SHERIFF
WILLIAM EARL HILTON

Defendants

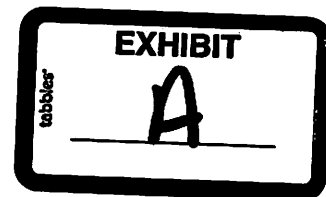
Case No. 1:19-cv-01339-DDD-JPM

Judge Dee Drell

Deposition of DR. MOHAMED RIAD
HAJMURAD, on Wednesday, September 16, 2020 via
Zoom videoconference.

REPORTED BY:

Lori L. Marino
Certified Court Reporter



MOHAMED RIAD HAJMURAD, M.D. on 09/16/2020

10..13

Page 10

1 consult sheet in his chart.

2 **Q Okay.**

3 A I see him almost five times. So he
4 probably stayed five days in the hospital.

5 **Q What was his diagnosis, Doctor?**

6 A Stroke.

7 **Q What type of stroke?**

8 A It is embolic stroke, you know. It's
9 just stroke, you know, affecting the brain and
10 causing him to have this problem.

11 **Q It was an embolic stroke?**

12 A Embolic.

13 **Q Embolic stroke.**

14 A It went to the brain and causing him
15 to have this issue.

16 **Q It wasn't a cerebellar stroke. Was
17 it?**

18 A No, cerebellar is the posterior
19 circulation. It is in the front, the anterior
20 circulation.

21 **Q Right. I just want to make sure I'm
22 clear. This was not a cerebellar stroke?**

23 A No, not cerebellar stroke. Blood
24 clot. Double L.

25 **Q Double L?**

Page 11

1 A Yes.

2 **Q And it wasn't a brain stem stroke?**

3 A Not brain stem stroke, no.

4 **Q It was an embolic stroke?**

5 A Yes.

6 **Q Affecting the frontal lobe. Correct?**

7 A Yes, sir.

8 **Q Well, let me ask you this: When you
9 have a stroke, an embolic stroke that has an
10 issue with the frontal lobe, what types of
11 symptoms are generally exerted with that type
12 of a stroke?**

13 A Like if we talk about the dominant
14 hemisphere, it depending on what is the
15 location. Sometimes, we'll be a symptomatic.
16 That reason, you know, if patient been having
17 some subtle, small, tiny stroke, he might not
18 be pay attention to it, but if it is like a
19 little bit large, it can cause -- depending on
20 the location. If it is affecting the motor
21 strip, the area for the motor, he might get a
22 paralysis. If it affecting the speech area,
23 he can get problem with the speech. If it's
24 affecting the occipital lobe, it can be
25 affecting his vision.

Page 12

1 So here he had typically what looked

2 like affecting his speech, and he has mild
3 motor function, which is improved over the
4 time; but the speech still having some issue
5 with stuttering a little bit.

6 **Q Am I correct, Doctor, that once**

7 **someone has a stroke, from that point moving
8 forward, they generally improve.**

9 A Yes --

10 **Q It's not a situation -- I'm sorry.**

11 **Is that correct?**

12 A Yes. They improving depending on
13 where it's located, the stroke is large and
14 also depending on the location. He does not
15 have large stroke. Okay, like make him
16 impaired. He does not have significant motor
17 deficit. He does have affecting the speech,
18 and his comprehension is good. It's affecting
19 a little bit. If I were to mention, I can
20 probably tell you that he had even -- because
21 as I told you, sometimes, you can have silent
22 stroke, tiny stroke in the brain. He had it
23 previously, because the records show that he
24 had mild scattered chronic ischemic deep white
25 matter disease. That means he's been having,

Page 13

1 in other words, a lacunar infarct in the past.

2 Maybe, he did not pay attention to it.

3 **Q So he had a stroke prior to this
4 stroke?**

5 A Tiny strokes. Lacunar infarct, we
6 call it. Mini stroke.

7 **Q But this stroke that we're talking
8 about in 2017 was a smaller stroke?**

9 A It is a small stroke. It is
10 affecting the speech to some extent.

11 **Q I understand. Let me ask you this
12 Doctor: I don't see anything in that original
13 intake when he's talking to you about any kind
14 of sensitivity to noise. Right?**

15 A What difference -- what has to do
16 with sensitivity to noise?

17 **Q I guess that's my question. Right?**

18 A He told me that. I understand your
19 point. When he comes to followup to me, he
20 said that the noises are irritating him and
21 make him nervous and make his blood pressure
22 elevated. Stroke does not do that. Okay.
23 It's probably -- it is because he has blood
24 pressure and his age, whatever, it can
25 aggravate his, you know, irritability to

MOHAMED RIAD HAJMURAD, M.D. on 09/16/2020

22..25

<p style="text-align: right;">Page 22</p> <p>1 day-to-day bases?</p> <p>2 A Yes. I try to function on daily</p> <p>3 basis, yes.</p> <p>4 Q Let's go through the next one.</p> <p>5 What's the next time you see him, Doctor?</p> <p>6 A Okay, the next time I saw him. I saw</p> <p>7 him on the 5/23/18.</p> <p>8 Q Okay. Tell me what happened on that</p> <p>9 visit.</p> <p>10 A He came. He said that he's been</p> <p>11 doing fine, has not had any problem. His</p> <p>12 motor function is back to normal. He's been</p> <p>13 having some headaches. I felt like maybe, it</p> <p>14 was muscle tension headache, and that he</p> <p>15 doesn't want to be on medication. He doesn't</p> <p>16 want to be on the medicine for the headache,</p> <p>17 and he's still having the issue of blood</p> <p>18 pressure, and that basically -- he did not</p> <p>19 have any problem. As I mentioned that day,</p> <p>20 there's no shortness of breath, no difficulty</p> <p>21 swallowing, no weakness, no tingling</p> <p>22 sensation, nothing else.</p> <p>23 Q So, at that visit, which is May 23,</p> <p>24 '18, you indicated he's almost back to normal</p> <p>25 baseline. Right?</p>	<p style="text-align: right;">Page 24</p> <p>1 Q Let's go to the next time you saw</p> <p>2 him, Doctor.</p> <p>3 A Okay, next time I saw him is on</p> <p>4 7/31/18.</p> <p>5 Q Okay, and what went on 7/31/18?</p> <p>6 A He said he came to me, and he said</p> <p>7 that he's been sensitive to noises and</p> <p>8 especially when he hear loud noises, and he</p> <p>9 get very irritable and causing him to have</p> <p>10 headache.</p> <p>11 Q Okay, and did he tell you that he</p> <p>12 thought -- I'm looking here. Do you recall</p> <p>13 him indicating at all that he might be</p> <p>14 transferred to a different position at work?</p> <p>15 I was looking at your fourth paragraph.</p> <p>16 A He said because of his, you know,</p> <p>17 stroke issue and weakness, whatever, he cannot</p> <p>18 concentrate and do shooting. So I told him to</p> <p>19 go and find a job, you know, that does not</p> <p>20 require these things, because what I</p> <p>21 understood from him, he, you know, watched the</p> <p>22 inmate, and sometimes, he has to carry the</p> <p>23 gun; and if he need to use it, whatever, I</p> <p>24 don't know how the situation they do it. So</p> <p>25 he said that he has difficulty shooting as a</p>
<p style="text-align: right;">Page 23</p> <p>1 A Back to baseline, yes.</p> <p>2 Q And this is about six months after</p> <p>3 his stroke. Right?</p> <p>4 A Yes.</p> <p>5 Q That would comport to what we talked</p> <p>6 about earlier, that 90 percent of patients</p> <p>7 with small strokes get back to baseline in</p> <p>8 about six months.</p> <p>9 A That is generally speaking because of</p> <p>10 the size of the stroke that he had. I put in</p> <p>11 my impression, he still have some residual</p> <p>12 excessive aphasia but is improving.</p> <p>13 Q Doctor, in this visit, he doesn't</p> <p>14 mention anything about being sensitive to loud</p> <p>15 noises. Correct?</p> <p>16 A He did not mention it, no.</p> <p>17 Q And, in fact, Doctor, up until this</p> <p>18 point since his stroke in November of 2017 all</p> <p>19 the way until May 23rd of '18, there's nothing</p> <p>20 in your records that he indicated he was</p> <p>21 having any kind of problems with loud noises.</p> <p>22 True?</p> <p>23 A No. No.</p> <p>24 Q True, meaning you agree with me?</p> <p>25 A Yes. Yes. Yes. I agree with you.</p>	<p style="text-align: right;">Page 25</p> <p>1 police officer. That's what he mentioned to</p> <p>2 me.</p> <p>3 Q At that point, Doctor, do you recall</p> <p>4 signing a prescription or an order that he was</p> <p>5 not to shoot weapons? I think I saw it in</p> <p>6 your records here.</p> <p>7 A Maybe, it is. Yeah, I remember. If</p> <p>8 it is in your record, that mean, yes, I cannot</p> <p>9 deny it.</p> <p>10 Q We're going to pull it up for you</p> <p>11 Doctor. Hang on a second. It's in the back</p> <p>12 of your records.</p> <p>13 A It should be in the prescriptions.</p> <p>14 Q You should have it scanned in.</p> <p>15 Well, Doctor, while he's looking for</p> <p>16 that, it says in your records there are a lot</p> <p>17 of loud noises, a lot of noises. He probably</p> <p>18 cannot work in these conditions. Right? Do</p> <p>19 you see that?</p> <p>20 A Yes.</p> <p>21 Q And noises, you would indicate, maybe</p> <p>22 noises associated with his work. Is that what</p> <p>23 you understood?</p> <p>24 A That's what I understood.</p> <p>25 Q You also understood him indicating</p>

MOHAMED RIAD HAJMURAD, M.D. on 09/16/2020

26..29

Page 26

1 that if he can't be around noises, you
2 wouldn't expect him to be shooting weapons.
3 Right?

4 A While doing work?

5 Q Yeah.

6 A I don't know how they do it, but I
7 thought that maybe, when he go for training,
8 he has to shoot this thing, and it might cause
9 the noises. He told me that doing what he is
10 working, there's a lot of noises, and it's
11 irritating him.

12 Q So certainly, Doctor, if he's
13 irritated by noises, you wouldn't expect
14 somebody irritated by noises to be shooting
15 weapons. Right?

16 A He should not, yes.

17 Q Did Mr. McKinney tell you that
18 despite what he told you here in July of '18
19 that he had actually been shooting weapons?
20 Did he disclose that to you?

21 A I did not go into detail about this.

22 Q I'm going to share a document with
23 you? Take a look at your screen, Doctor.

24 A I got it. Yes. Not allowed to shoot
25 any gun, yes.

Page 27

1 Q So you wrote that saying he's not
2 allowed to shoot a gun. Right?

3 A Yes.

4 Q And you would expect if you provided
5 that to Mr. McKinney, that he would follow
6 your orders. Right?

7 A Yes.

8 Q Did you know, Doctor, that after you
9 wrote that document, he shot a gun?

10 A I don't know what he did. You know,
11 I don't know. Cannot keep up with every
12 patient, what they doing.

13 Q Doctor, would it surprise you that
14 Mr. McKinney admitted in deposition on Monday
15 that he shot 1,000 rounds of ammunition after
16 you wrote this prescription?

17 A Okay. I don't know. No, I'm not
18 aware of it.

19 Q No, but does that surprise you that
20 somebody who said --

21 A That surprise me, because he should
22 not, because I wrote prescription he is not
23 allowed to shoot a gun.

24 Q And, Doctor, what kind of struck me
25 is if somebody is telling you I'm sensitive to

Page 28

1 noises, right, and you're writing
2 prescriptions he's not to shoot; and then,
3 he's out there shooting a thousand rounds,
4 that leads me to believe that perhaps, he's
5 not being honest about his ability to be
6 around loud noises. What does it tell you?

7 A To some extent, yeah, I agree with
8 you, you know, yes.

9 Q Because what he's telling you is
10 subjective. Right? He's telling you
11 subjectively he can't be around loud noises.
12 True?

13 A Yes. Yes.

14 Q But if the facts show he's shooting a
15 thousand rounds, more probably than not, he
16 can be around loud noises. Correct? You
17 agree with me, Doctor?

18 A Yes, I agree. I'm taking this
19 picture out.

20 Q We're going to take it off.

21 A Thank you.

22 Q Let's go further, Doctor -- and then,
23 when you said at the bottom -- look at that.

24 A lot of noises --

25 A He told me that he doesn't want to

Page 29

1 shoot a gun, and he shoot like almost one
2 thousand rounds. So what is the -- why he did
3 it?

4 Q That's my question, Doctor. That's
5 my question, Doctor, because from the
6 Sheriff's Office position, he was going to the
7 range -- he admitted on Monday. He was going
8 to the range, shooting weapons, a thousand
9 rounds. Never informed the officers that he
10 had a prescription not to shoot and admitted
11 that it was a danger to himself and a danger
12 to the other officers. Would you agree with
13 that?

14 A When he told me about this, I was
15 worried about him. So I told him he should
16 not shoot the gun. Especially he has blood
17 pressure and previous stroke, and he told me
18 that he's sensitive to noise. So I give him
19 this prescription.

20 Q Right, and the prescription you gave
21 him, Doctor, it says, for that reason, I will
22 give him an excuse to continue what he's doing
23 now. That's what you wrote in your --

24 A Yeah, to continue his work but not to
25 shoot a gun, yes.

MOHAMED RIAD HAJMURAD, M.D. on 09/16/2020

30..33

<p style="text-align: right;">Page 30</p> <p>1 Q Right, but you -- okay, but my point 2 is had you known that he was out there 3 shooting weapons, you wouldn't have given him 4 this excuse? 5 A No, I did not know about it. 6 Q Right? You wouldn't have done that? 7 A No. I did not know about it. 8 Q You wouldn't have placed other 9 officers in danger by placing a prescription 10 for something that you didn't have all the 11 facts about. 12 A Yes. 13 Q So let's go forward. I think you 14 actually wrote a letter on that same day, 15 Doctor, July 31, 2018. Do you see that 16 letter? 17 A If it's somewhere in my record 18 probably I have it. Okay. July 31st, I have, 19 To whom it my concern: The patient has 20 history of bilateral hemispheric CVA. On 21 aspirin. He has not been able to function on 22 full active condition. He needs some 23 sedentary type work. He has been having 24 problems feeling comfortable, and he is 25 worried about that endangering himself because</p>	<p style="text-align: right;">Page 32</p> <p>1 syndrome, and he had some arthritis in his 2 neck, you know, some arthritis. That's it -- 3 Q Nothing significant? I'm sorry. I 4 cut you off, Doctor. I cut you off. Sorry. 5 A He has carpal tunnel and some 6 arthritis in the neck we call cervical 7 spondylosis, but it's not significant for me 8 to indicate further approach, like, you know, 9 to do surgery or to do more things. 10 Q Doctor, you never gave him a 11 disability rating. Correct? 12 A No, I did not. He wanted to go back 13 to work. I told him if you change your job, a 14 little bit position and do some other things, 15 you can, you know, it's good for you, rather 16 than be disabled. 17 Q Right. I understand, and that's 18 based upon what he was telling you, as well, 19 what his symptoms were? 20 A Right. Right. 21 Q Because this conduction study just 22 came back with some carpal tunnel. That's it. 23 A Yes. 24 Q Which is minor. Right? 25 A Just a second. I can tell you how</p>
<p style="text-align: right;">Page 31</p> <p>1 of the inmate whatever. So I told him, okay, 2 they can switch you to something else 3 different, because he has high blood pressure. 4 Sometimes, high blood pressure can trigger a 5 stroke. 6 Q Then, you say he has hypersensitivity 7 to loud noises. So he's not been able to 8 shoot. That's what he told you. Right? 9 A Yes. That's what he told me based on 10 what he's telling me. 11 Q I understand, but now, that you know 12 he was shooting weapons, you would retract 13 that statement? 14 A Probably, yeah, I will. 15 Q When's the next time you saw him or 16 the next report or testing that was done? 17 A He told me that he's been having -- 18 when he came also, because he told me he's 19 been having numbness in his arm. 20 Q Okay. 21 A Concern and worried about he's been 22 having stroke or anything. So I did nerve 23 conduction study on him. 24 Q Okay. 25 A Found out that he had carpal tunnel</p>	<p style="text-align: right;">Page 33</p> <p>1 much it is bad, because I can look at the 2 number. (Witness peruses document.) Not bad 3 at all. It is very mild. 4 Q Very mild? 5 A Very mild. 6 Q What happens next, Doctor? What's 7 the next visit? 8 A Saw him on follow-up visit November 9 '18, November 27, '18. 10 Q Let me back up a little bit, Doctor. 11 I have in my records a Brain Stem Auditory 12 Evoked Response? 13 A That's for the hearing. 14 Q We talked about it. I just want to 15 make sure for the record that I have it in 16 here. That happened on August 24, '18? 17 A He told me having problem with this 18 hearing issue. So I said, let's check the 19 eighth nerve, which the eighth nerve is 20 usually combined nerve for the hearing and for 21 the balance, and it came back normal to me. 22 Q That came back normal at 80 decibels. 23 Right? 24 A Yes, sir. 25 Q You would agree with, me Doctor, that</p>

MOHAMED RIAD HAJMURAD, M.D. on 09/16/2020

34..37

<p style="text-align: right;">Page 34</p> <p>1 simple things, like running water is less than 2 80 decibels? The sound of just running water 3 in your kitchen is less than 80 decibels. 4 Right? 5 A Yes. What we do, what the decibel we 6 do depending on their hearing threshold, 7 sometimes people they cannot send signals, and 8 we tell them what they will hear. Some 9 people, they hear it at 50 decibel. Some of 10 them, they hear at 80 decibel, which is 11 normal. Sometimes, if they have hearing 12 problem, they will hear it like 105 decibel, 13 but we check not only decibel. We check on 14 the latency of the wave form, and we check on 15 the amplitude of the wave form, and it was 16 normal. 17 Q I understand, okay. So there is no 18 objective findings that Mr. McKinney has any 19 sensitivity to loud noises? 20 A No, it is not. We checked the cable 21 of the nerve. 22 Q I see, and the cable of the nerve 23 showed it was normal? 24 A So far so good. 25 Q Let's move forward, Doctor. So let</p>	<p style="text-align: right;">Page 36</p> <p>1 Q Did he tell you what kind of job he 2 was doing at that point in time? 3 A I don't know. He said he watching 4 guard, inmate or something. I don't know what 5 he's doing. 6 Q And so, Doctor, so did you then write 7 a letter for him on that date? Well, let me 8 ask you this, Doctor: What were his symptoms, 9 his neurologic symptoms on that visit? How 10 was he doing? 11 A We checked him, and examination is 12 the same. Everything is looked good, you 13 know. Basically, I don't see anything deficit 14 at that time when we checked him. 15 Q Kind of back to baseline, like we 16 talked about in May? 17 A Yes. Yes. 18 Q Tell me, Doctor, then, you wrote him 19 a letter on that same day. Do you recall 20 doing that? 21 A Do you have it? 22 Q Yeah, you want me to pull it up for 23 you, Doctor? 24 A I'll read it. So I can tell you what 25 we have. It should be here. This is dated</p>
<p style="text-align: right;">Page 35</p> <p>1 me just make sure. That test that you did is 2 contrary to his statement that he was 3 sensitive to loud noises, because the results 4 of the test came back normal? 5 A Yes. Yes. 6 Q Let's go to the next time you saw 7 him. 8 A November 27, '18. 9 Q Tell me what happens November 27, 10 '18. 11 A Patient came in and said he still 12 having problem with stuttering and problem 13 handling the loud noises and making him very 14 irritable and cause him to have headaches, and 15 sometimes, he dizzy from it; and when we did 16 the Brain Stem Auditory Evoked Response, and 17 it came back normal. Said that, you know, 18 sometimes, he get very nervous, agitated 19 around loud noises if there is a lot of crowd 20 people. 21 Q He told you also, Doctor, that he 22 wanted to be in an administrative position and 23 away from loud noises. Right? 24 A That's what he told me. He would 25 like to change job, position.</p>	<p style="text-align: right;">Page 37</p> <p>1 November 27, 2018. 2 Q Correct. 3 A Okay, I have it here. 4 Q Did you give that letter to anyone, 5 Doctor? 6 A Yeah. I have it here in front of me. 7 To whom it may concern. Patient has bilateral 8 CVA. Repeat MRI showed him to have minimal 9 petechial hemorrhage in the frontal area. 10 Neurologically stable. He is to continue his 11 medication. Because of his neurological 12 status, he probably need to work in an 13 administrative setting with no loud noises. 14 He is to do eight hours. No stress to prevent 15 from his blood pressure to go up. Especially 16 with his previous stroke, and regarding his 17 weakness, we feel like he have some 18 improvement, because I felt like the nerve 19 conduction study showed mild carpal tunnel. 20 It's not significant, and that's it. 21 Q Why did you write this letter, 22 Doctor? 23 A He asked me probably to want me to 24 write it. 25 Q Do you know what he did with it?</p>

MOHAMED RIAD HAJMURAD, M.D. on 09/16/2020

38..41

Page 38

1 A No.
 2 Q Did he ever ask you to contact the
 3 Sheriff's Office and have any discussion with
 4 them about this letter?
 5 A I don't interfere with these things.
 6 They told me, and I write it, and I send it to
 7 them, and wherever he want to give it, I don't
 8 know where it went.
 9 Q Did you know, Doctor, --
 10 A I did not address it to anybody. I
 11 said to whom it may concern.
 12 Q I understand, but was it your
 13 understanding he was going to give this to the
 14 sheriff's department?
 15 A I really don't know. I don't
 16 remember, because it's a long-time ago.
 17 Q I understand, Doctor, at the time you
 18 wrote the letter, he didn't tell you he had
 19 been shooting weapons. Right?
 20 A No, he did not.
 21 Q You didn't know that. Now, that we
 22 know -- and I'll be more specific. From our
 23 deposition on Monday, these thousand rounds
 24 that he shot, he shot in March. He shot again
 25 in July, and then, he shot in October, and he

Page 39

1 also shot in November right before you wrote
 2 this letter. Had you known that he was
 3 shooting all those rounds of ammunition at the
 4 range, would you have written this to the
 5 sheriff's office that he probably needs to
 6 work in administrative work with no loud
 7 noises?
 8 A I would advise him he should not have
 9 double standards, do this and do this.
 10 Although, he will tell them that I cannot do
 11 it, or, you know -- anyway, I will give him
 12 the letter, and it's up to him. He should not
 13 do it behind me, and he should tell me that
 14 I'm doing these things. I understand I give
 15 him this letter to help him to not to do these
 16 things.
 17 Q I understand, but, Doctor, had you
 18 known that he was shooting weapons --
 19 A No, no, I did not.
 20 Q I know you didn't, but had you known
 21 that, you wouldn't have written anything
 22 indicating that he was sensitive to loud
 23 noises if the objective facts show he's
 24 shooting weapons.
 25 A No, I would not write it, because

Page 40

1 frankly, I'm going to tell him, okay, if you
 2 are shooting, you know, why I have to give you
 3 this letter?
 4 Q That's my point.
 5 A I don't want to put myself in a bad
 6 position, you know. It would be a double
 7 standard frankly.
 8 Q Got it, because he needs to be honest
 9 with you. Right?
 10 A Exactly.
 11 Q If he's honest with you, we don't
 12 write this letter. Right?
 13 A No. I told him tell them that you
 14 cannot do it, and this is the letter from me
 15 that he should not do it.
 16 Q Understood, but I'm saying had you
 17 known he was shooting all that, and he was
 18 being honest with you, then, you --
 19 A No. No. If he does it, if he does
 20 it, I will not give him the letter.
 21 Q That's my point. Had known he was
 22 shooting weapons, you would not have given him
 23 this letter?
 24 A No, I would not.
 25 Q You agree with me?

Page 41

1 A Yes.
 2 Q The next thing, Doctor, there was
 3 a -- I'm just curious what this is. It looks
 4 likes there was a phone call that came in. I
 5 don't know if you have it in front of you,
 6 maybe, from his wife, asking that you get that
 7 letter to him -- they needed it by November 30
 8 of '18. Do you recall that happening?
 9 A Usually, I have it in color. Let me
 10 see. I don't have it. Hold on. Let me see,
 11 because usually any message would be in green.
 12 Here, she send me -- there is a paper. Let me
 13 see. She want the letter regarding this --
 14 hold a second. She gave me a paper requesting
 15 that he need to work eight hours
 16 administrative sitting. No noises tolerated.
 17 That's physically, and they need a letter
 18 regarding this. That's what she told me.
 19 Q Who told you that?
 20 A Apparently, she called the nurse
 21 here, because the girls here in the office,
 22 she said that Dr. Hajmurad did a letter on
 23 this patient 11/27, and they needed it by
 24 Friday on 11/30/18.
 25 Q I guess my question to you, Doctor,

MOHAMED RIAD HAJMURAD, M.D. on 09/16/2020

42..45

<p style="text-align: right;">Page 42</p> <p>1 is they asked you to write this letter. You</p> <p>2 just didn't write it on your own.</p> <p>3 A I don't remember, sir.</p> <p>4 Q I understand. And Doctor, last thing</p> <p>5 I have is, and I think I understand, but for</p> <p>6 purposes of assuming even if he did have some</p> <p>7 hypersensitivity to loud noises, that is</p> <p>8 something that would not be related to any</p> <p>9 kind of a stroke?</p> <p>10 A No, it should not. No.</p> <p>11 MR. RICHARDSON:</p> <p>12 That's all the questions, I</p> <p>13 have, Doctor. I will turn it over to</p> <p>14 Mr. Lanser if he has anything.</p> <p>15 EXAMINATION</p> <p>16 BY MR. LANSEER:</p> <p>17 Q Good afternoon, Doctor. So I'm Dave</p> <p>18 Lanser, one of the attorneys for Mr. McKinney.</p> <p>19 I just have a few clarifying questions here.</p> <p>20 So going back to what we were talking about</p> <p>21 with him shooting weapons at the range, would</p> <p>22 you agree that even if you have an</p> <p>23 irritability or sensitivity to loud noises,</p> <p>24 it's possible to mitigate the effects of those</p> <p>25 if you're wearing earplugs or noise canceling</p>	<p style="text-align: right;">Page 44</p> <p>1 lot of noises, it's like it's making him a</p> <p>2 little bit irritable and making his</p> <p>3 sensitivity to the noises is a little bit more</p> <p>4 prominent compared to the other people, but</p> <p>5 again, I don't think it has anything to do</p> <p>6 with the stroke.</p> <p>7 Q Okay, that's fine. But you know, in</p> <p>8 any circumstance, if you know there's going to</p> <p>9 be -- I realize there's a baseline. When</p> <p>10 there's a crowd or something like that, he</p> <p>11 might be more irritable with the loud noises,</p> <p>12 but if there's an instance where he can put on</p> <p>13 the noise canceling headphones or something</p> <p>14 like that for a short period of time or, that</p> <p>15 would help while he has the headphones on. Is</p> <p>16 that correct?</p> <p>17 A I told you, I don't know how much it</p> <p>18 is the cancellation noise. You know what I'm</p> <p>19 saying?</p> <p>20 Q Sure.</p> <p>21 A I haven't tried it. So I don't know.</p> <p>22 I cannot answer this question.</p> <p>23 Q Okay, that's fine. When you</p> <p>24 mentioned earlier, I believe it was during the</p> <p>25 May visit where he was back to a normal</p>
<p style="text-align: right;">Page 43</p> <p>1 headphones or a device like that?</p> <p>2 A Well, frankly, I cannot answer the</p> <p>3 question, because I never do it. I never did</p> <p>4 it. So I don't know how much the ear block</p> <p>5 can prevent the noises, but no matter what, I</p> <p>6 think it should affect the ear noises. It's</p> <p>7 going to cause some loud noises.</p> <p>8 Q Sure.</p> <p>9 A How much, I don't know, because I</p> <p>10 never been in the situation to tell you how</p> <p>11 much affect the noises.</p> <p>12 Q By the situation, you mean you've</p> <p>13 never shot a gun at the range?</p> <p>14 A Never. Never. I never. I don't</p> <p>15 know how.</p> <p>16 Q Well, let's just say for loud noises</p> <p>17 in general, if you're wearing noise canceling</p> <p>18 headphones, would that help your sensitivity</p> <p>19 toward those noises in that instance?</p> <p>20 A It will decrease it significant, yes.</p> <p>21 Of course, it will decrease it.</p> <p>22 Q Sure.</p> <p>23 A I think it's what is the thing,</p> <p>24 feeling that probably, you know, it is when he</p> <p>25 is sitting in the crowd, a lot of talking, a</p>	<p style="text-align: right;">Page 45</p> <p>1 baseline, when you evaluate someone and</p> <p>2 determine they're back at a normal baseline,</p> <p>3 does that mean they're a hundred percent back</p> <p>4 to their pre-stroke functionality?</p> <p>5 A Some subtle things, you know.</p> <p>6 They're still having some stuttering speech.</p> <p>7 It could be some of it related to his anxiety,</p> <p>8 stress, whatever, stuttering speech, but his</p> <p>9 motor function is back to normal baseline.</p> <p>10 That's what I mention. You know, this is,</p> <p>11 basically, what I feel.</p> <p>12 Q Sure. You mentioned he was having</p> <p>13 issues with verbal issues and communication</p> <p>14 issues. Is that true?</p> <p>15 A This is yes. He does have verbal</p> <p>16 issues, because he cannot talk, express</p> <p>17 himself. When he comes, stuttering a little</p> <p>18 bit. His wife, I remember, has been helping</p> <p>19 sometimes for things, but also because he has</p> <p>20 mini stroke in the brain. So he can have some</p> <p>21 issue with, you know, expressing himself</p> <p>22 properly or comprehending himself properly,</p> <p>23 also.</p> <p>24 Q So you agree he was having some sort</p> <p>25 of communication issues because of the stroke</p>

MOHAMED RIAD HAJMURAD, M.D. on 09/16/2020

46..48

Page 46	Page 48
<p>1 in November or December 2018?</p> <p>2 A Could be the stroke or because of the</p> <p>3 other tiny stroke that he had. Because as I</p> <p>4 said, as I mentioned before, that he has on</p> <p>5 the MRI, only showed acute stroke, but he had</p> <p>6 also lacunar infarct bilateral.</p> <p>7 Q Is it possible that any anxiety or</p> <p>8 stress he might have been having might have</p> <p>9 been caused by his experience with a stroke?</p> <p>10 A Generally speaking, stroke it can</p> <p>11 cause depression. It can cause anxiety, and</p> <p>12 over the time, it should get better.</p> <p>13 Sometimes very minor percentage, it might stay</p> <p>14 but if patient has large stroke, you know,</p> <p>15 bigtime stroke, but of course, this is</p> <p>16 subjective and varies from person to person.</p> <p>17 Q Subjective impressions like that are</p> <p>18 part of the medical evaluation process?</p> <p>19 A Neuropsychology can be evaluation.</p> <p>20 MR. LANSER:</p> <p>21 I believe that's all the</p> <p>22 questions I have.</p> <p>23 MR. RICHARDSON:</p> <p>24 I don't have any other</p> <p>25 questions, Doctor. We're going to</p>	<p>1 C E R T I F I C A T E</p> <p>2</p> <p>3 I, LORI L. MARINO, Certified Court</p> <p>4 Reporter, in and for the State of Louisiana,</p> <p>5 as the officer before whom this testimony was</p> <p>6 taken, do hereby certify that DR. MOHAMED RIAD</p> <p>7 HAJMURAD, after having been duly sworn by me</p> <p>8 upon authority of R.S. 37:2554, did testify as</p> <p>9 hereinbefore set forth in the foregoing 47</p> <p>10 pages; that this testimony was reported by me</p> <p>11 in the stenotype reporting method, was</p> <p>12 prepared and transcribed by me or under my</p> <p>13 personal direction and supervision, and is a</p> <p>14 true and correct transcript to the best of my</p> <p>15 ability and understanding; that the transcript</p> <p>16 has been prepared in compliance with</p> <p>17 transcript format guidelines required by</p> <p>18 statute or by rules of the board, that I have</p> <p>19 acted in compliance with the prohibition on</p> <p>20 contractual relationships, as defined by</p> <p>21 Louisiana Code of Civil Procedure Article 1434</p> <p>22 and in rules and advisory opinions of the</p> <p>23 board; that I am not related to counsel or to</p> <p>24 the parties herein, nor am I otherwise</p> <p>25 interested in the outcome of this matter.</p> <p>Dated this 17th day of September, 2020.</p> <p>LORI L. MARINO, CCR</p> <p>CCR #87069</p> <p>STATE OF LOUISIANA</p>
Page 47	
<p>1 attach the medical records as Exhibit</p> <p>2 1. Doctor, do you have a CV? Maybe,</p> <p>3 we can attach this as Exhibit 2.</p> <p>4 THE WITNESS:</p> <p>5 Sure.</p> <p>6 MR. RICHARDSON:</p> <p>7 I'll get that from your office,</p> <p>8 Doctor, and we'll attach that as</p> <p>9 Exhibit 2. I think that's all the</p> <p>10 questions we have. Doctor, thank you</p> <p>11 for your time.</p> <p>12 (The deposition was concluded at this time.)</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	